

thalamic pituitary adrenal axis and social stress.

- The effects of social interaction, particularly social stress, on health.

One interesting aspect of the volume is what is missing. In the introductory chapter, types of social interaction that are mentioned include attraction, altruism, aggression, affiliation, attachment, attitudes, identification, cooperation, competition, empathy, sexuality, communication, dominance, persuasion, obedience and nurturance. The chapters that follow describe some small aspects of the neural systems involved in a few of these types of social interactions in humans. However, one striking unstated conclusion from this book is how little we know about the neural substrates of any aspect of human social behaviour, despite the overwhelming evidence of the importance of social interactions for mental health.

One result of this lack of knowledge is the inclusion in the book of studies on the fringes of actual social interaction. For example, face recognition may facilitate some social interactions but is not always necessary (e.g., phone conversations). In some cases, the editors have chosen work that seems to have little direct relevance to social behaviour. For example, one chapter has a fascinating analysis of the amygdaloid region's involvement in the conditioning of preferences, but the monochromatic patterns used as stimuli do not represent an application to a social phenomena.

An issue that is not considered (which unfortunately reflects the state of the literature) is the extent to which some of the animal mod-

els are relevant to humans. For example, it is intriguing that variations in the extent to which rat mothers lick their pups are related to differences in the regulation of glucocorticoid function when the pups become adult. However, given that laboratory rats are raised in an unnatural environment, that rat pups are born at a much earlier stage of development than human babies and that rat social behaviour is quite different from that of humans, the relevance of this finding to humans remains uncertain. One chapter does attempt to connect the work on oxytocin and vasopressin in rodents with autism. The impression lingers, though, of how circumstantial the evidence is and how large the gulf is between rodent experiments and human disorders.

The overall feel of the book is that this is an exciting field that is still emerging. The chapters and their assignments to sections provide a sketch of what the field will come to look like. Hopefully, the foundations of human social neuroscience will continue to be laid over the course of the present decade, but, to date, some of the work is too peripheral. Too many holes still exist in the literature for this collection to be considered a firm "foundation of social neuroscience."

One important quality of this book is that it describes the state of the art and leaves readers to form their own impression of that art. A valuable companion to this volume would be a book, waiting to be written, that critiques the emerging field and lays out strategies for the future. One such strategy must be for neuroscientists

and social scientists to talk to each other much more than they do now. Great advances have been made in neuroscience in the study of the brain and in the social sciences in the study of human social behaviour. The time is ripe for greater interaction between these disciplines.

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Psychiatry in the Elderly. Jacoby R, Oppenheimer C, editors. Oxford: Oxford University Press; 2002. 991 pp with index. ISBN 0-19-851563-4 (paper). CAN\$157.95.

Geriatric psychiatry is certainly a specialty that has grown over the past several years. Numerous advances have been made, and we continue to learn more about the pathogenesis and molecular genetics of dementia, as well as possible treatments. Transformations in our social milieu have brought about changes in our provision of services to the elderly, with a greater emphasis on standards of care and quality of life. With this third edition of *Psychiatry in the Elderly*, Jacoby and Oppenheimer have attempted to reflect the developments that have taken place since the previous editions of the book, published in 1991 and 1997. This most recent text is a compilation of chapters written by different authors, all chosen because they are experts in their respective fields. The result is an overview of geriatric psychiatry that is far more readable and "user-friendly" than the usual reference textbook.

This review was undertaken via

a unique, interactive process. The text was concomitantly read by a psychiatric resident new to the field and an experienced geriatric psychiatrist, and their subsequent dialogue identified convergent and divergent perspectives.

Part 1 of the book on basic science consists of 8 chapters. The first chapters provide a good summary of "normal" changes associated with aging. Advances in neurochemical pathology and molecular biology of dementia are then effectively described. As a read from beginning to end, these chapters on scientific developments seemed to the resident somewhat out of place, given that the disorders they refer to are addressed much later in the text. The student of mental health, therefore, may not be able to integrate and profit from this material as well as a more experienced clinician or scientist.

Part 2 covers topics related to clinical practice. The chapters about the assessment of adults are very practical and well organized. Their authors support a holistic approach, with individual, biological, psychological and social emphases. Caregivers and environmental systems are given appropriate consideration in the well-being of the elderly.

Part 3, entitled Psychiatric Services, is an interesting section on issues related to service delivery. Although the focus is primarily on systems in the United Kingdom, all readers will gain important perspectives and new insights into the issues of effective service delivery. Included is a thoughtful chapter on what makes an ideal home for people with dementia and factors to

consider when designing such a place. We were pleasantly surprised to come across this material in this text and felt that it spoke to the multi-dimensional approach of the editors.

Part 4, on specific disorders, devotes a chapter to each of the main diagnoses encountered in the field. In general, this section is very readable and provides a practical overview of each disorder. The subtitles and the use of tables to highlight key points make for an organized and accessible presentation of the material. The advantage of having different authors for each chapter is that it allows for experts to lend their clinical expertise and personal perspectives to the book. The disadvantage, of course, is that the chapters are at times variable in form and content. The chapters on Lewy body dementia, depressive disorders and delirium, to name but a few, are exceptional. They are comprehensive, with a good emphasis on clinical practice. A section titled "What to tell the patient and caregiver" is particularly practical from the point of view of the psychiatric resident with little experience.

Part 5 of the book, entitled Sexuality, Ethics, and Medico-legal Issues, includes topics on the social realm of the elderly, such as competence, driving and elder abuse, which are all well described. There is an appropriate mix of theoretical background and clinical practice in these chapters. Again, the social context here is the United Kingdom, which with its own laws and value system may not be directly applicable to readers in other parts of the world. The material is pertinent

and comprehensive nonetheless. The use of cases to illustrate various ethical issues is particularly effective.

Despite some chapter-to-chapter variability, overall, this book is a very readable overview of psychiatry in the elderly and includes relevant and up-to-date references. The authors provide useful clinical pearls based on their own experience and perspectives. The value of the book lies not in its role as a reference text; instead, it would likely best serve those learning about geriatric psychiatry or those experienced and seeking to review topics. From the perspective of the psychiatric resident reading such material for the first time, this book provides a good solid foundation from which one can then delve deeper. From the perspective of a practical geriatric psychiatrist, it provides an excellent tool to consolidate information and glean fresh and useful new perspectives.

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Psychiatry in Canada: Fifty Years. Rae-Grant Q, editor. Ottawa (ON): Canadian Psychiatric Association; 2001. 300 pp with index. ISBN 0-9699992-7-5 (paper). CDN\$16.

This multi-authored text, edited by Dr. Quentin Rae-Grant, an eminent Canadian academic child psychiatrist and administrator, covers 50 years of psychiatry in Canada from 1951 to 2001. The intent of the book is ambitious, but it never quite meets its objectives.